MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51						
2		/						52						
3		/						53						
4								54						
5	/							55						
6		/						56						
7		/						57						
8		/						58						
9		/						59						
10		/						60						
11		/						61						
12	/							62						
13		/						63						
14	/							64						
15		/						65						
16		/						66						
17	/							67						
18		/						68						
19		/						69						
20	/							70						
21	/							71						
22		/						72						
23		/						73						
24		/						74						
25		/						75						
26	/							76						
27		/						77						
28		/						78						
29		/						79						
30	/							80						
31	/							81						
32								82						
33								83						
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35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	10							TOTAL IND.						
TOTAL DEP.	21							TOTAL DEP.						
TOTAL CLAIMS	31							TOTAL CLAIMS						

PTO-1360 (3-78)   *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS